



STATE-APPROVED SPECIAL CONSIDERATIONS

FORM 2: PARENT/GUARDIAN CONSENT FORM

(Note to District: Do not send Form 2 to RIDE. Please retain with student record)

Student's Full Name:
(please print)

I have consulted with the school district regarding the request to exempt my child from the _____ assessment(s)
[please indicate the specific test(s) for which exemption is being requested]

I understand that this means I will have no statewide assessment data (or only partial data depending on circumstances) for my child for the exempted assessments. By signing this request, I acknowledge that:

I WAS (or) WAS NOT (circle one) involved in the decision for the district to seek an exemption for my child from the statewide assessment for medical reasons or other extenuating circumstances.

and

I DO (or) DO NOT (circle one) give permission for the district to discuss the reason for the request with Phyllis Lynch, Director of Instruction, Assessment and Curriculum at the Rhode Island Department of Education.

Parent/Guardian Full Name (please print)

Parent/Guardian Signature

____/____/____
Date